

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

1490 Office of Registrar of Vital Statistics.

Ward

16<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

Date of Death,

July 24 17<sup>th</sup>. 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Clarence McGruder Boozs

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Two

Years,

Four

Months,

five

Days

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give Street and Number. }

635 Han St

Cause of Death, { First (Primary),

Convulsions

Second (Immediate),

Heart Failure

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery

Jos. Blum

M. D.

Date of Burial, July 19 1887

Undertaker, F. E. C. Ross

Place of Business, 409 Conway St

Address, 76 Columbia Av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Requested to the Following:

## Health Department, City of Baltimore.

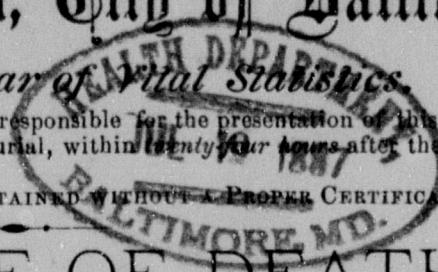
Permit No. A 1491

Office of Registrar of Vital Statistics.

Ward 8<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



a

## CERTIFICATE OF DEATH.

Date of Death,

July 18<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Andrew W. Connolly

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

43

Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

During Life

Place of Death, { Give Street and Number. }

915 Grove Street

Neat Prostration

Cause of Death, { First (Primary), }

Second (Immediate),

Duration of Last Sickness,

Abt 2 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, July 20<sup>th</sup> Chas. W. Worrell M. D.

{ Undertaker H. L. Wiedepeld

Medical Attendant.

{ Place of Business 916 Greenmt Ave Address, 927 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.*

[OVER.]

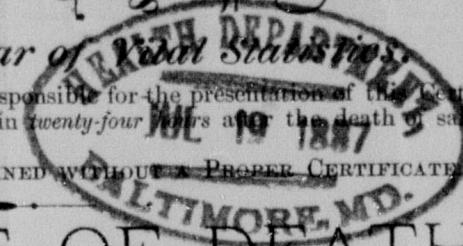
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. **A** 1492 Office of Registrar of Vital Statistics. Ward **12<sup>o</sup>**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



**B**

## CERTIFICATE OF DEATH.

Date of Death, **7/17/87**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

**Mary Simpson**

Sex, Male or Female, { Cross out the word not required in this line. }

Age, **85** Years, **0** Months, **0** Days.

Color, **White**

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, **none**

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

**England**

Duration of Residence in the City of Baltimore, **60 yrs**

Place of Death, { Give Street and Number. } **1080 W. Calvert**

Cause of Death, { First (Primary),  
Second (Immediate), }

**age**

Duration of Last Sickness, **few days**

All the above information should be furnished by the Physician.

Place of Burial, **Greenmount Cemetery**

Date of Burial, **July 19<sup>th</sup>** **W. E. Schaefer** **M. D.**

Undertaker, **H. C. Windfuhr**

Medical Attendant.

Place of Business, **916 Grinnell** Address, **344772 Level**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

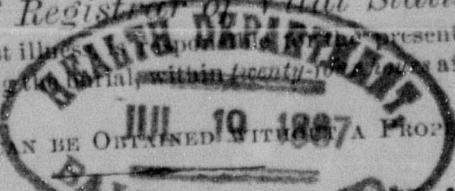
The Special Act of 1872

## Board of Health, City of Baltimore,

Permit No. A 1493 Office of Registration of Vital Statistics. Ward. *H*

The Physician who attended any person in a last illness, is required to present this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

*J. L. B.*

## CERTIFICATE OF DEATH.

Date of Death, *July 19th. 1887*Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John W. Leffler*Sex, Male { Cross out the word not required in this line. } *Male*Age, *white* Years, *2*Color, *white* Months, *23.*Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*Occupation, *Baltimore City*Birthplace, { State or country, and now long in the United States, if of foreign birth. } *Baltimore City*Duration of Residence in the City of Baltimore, *Life*Place of Death, { Give street and Number. } *# 413 N. High St.*Cause of Death, { First, (Primary). } *Cholera infantum*Second, (Immediate). *-*Duration of Last Sickness, *3 weeks.*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cem'ty*Date of Burial, *July 20, 1887*Undertaker, *Ed. P. Byrne*Place of Business, *302 N. Gay*

Edmund Conlyon M. D.,

Medical Attendant.

# 935 Madison Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

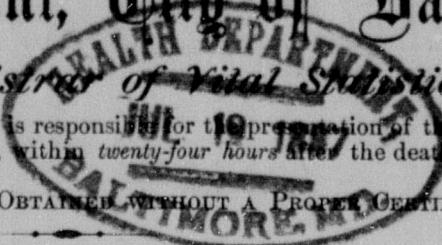
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. **A 1494** Office of Registrar of Vital Statistics. Ward **6**

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



**B**

## CERTIFICATE OF DEATH.

Date of Death,

*July 18, 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Joseph Krause*

Sex, Male or Female, { Cross out the word not required in this line. }

*Male*

Age,

Years,

5.

Months,

3

Days

Color,

*White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

*#*

Occupation,

*+*

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

*City*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, { Give Street and Number. } *118 N. Chapel St.*

Cause of Death, { First (Primary), }

*Chol. Infantum*

Second (Immediate),

Duration of Last Sickness, *1 week*

All the above information should be furnished by the Physician.

Place of Burial, *Eastern Cem.*

Date of Burial, *July 19 1887*

*A. V. Goswiler M. D.*

Medical Attendant.

Undertaker, *John Henning*

Place of Business, *2008 St. Louis*

*Address, 233 S Anna St.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

1495 Office of Registrar of Vital Statistics.

Ward

17<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line.

Age, Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number.

Cause of Death, { First (Primary),  
Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer.

Date of Burial, July 19<sup>th</sup>

{ Undertaker, W. Dippel

{ Place of Business, 151 S. Bond.

R. M. Ells

M. D.

Medical Attendant.

Address, 915 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1496 Office of Registrar of Vital Statistics. Ward 3<sup>rd</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death,

July 18, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Melinda A. Bowen

Sex, Mate or Female, { Cross out the word not required in this line }

Age, 59 Years,

Months,

Days

White

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth }

Maryland,

Duration of Residence in the City of Baltimore,

Lifteins,

Place of Death, { Give Street and Number }

1740 E. Baltimore St.

Cause of Death, { First (Primary),  
Second (Immediate), }

Consumption

Duration of Last Sickness,

2 m<sup>o</sup>

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

J. W. Hock M. D.

Date of Burial, July 20, 1887

Medical Attendant.

Undertaker, J. W. Hock

Place of Business, 1005 E. Baltimore St.

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

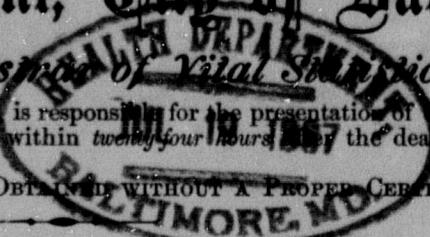
# Health Department, City of Baltimore.

Permit No. **A 1497** Office of Registrar of Vital Statistics.

Ward **5<sup>a</sup>**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



**B**

## CERTIFICATE OF DEATH.

Date of Death,

*July 18-1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Thomas Murphy*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, **47** Years, Months, Days.

Color,

*White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

**✓**

Occupation,

*Labor*

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

*St. Louis P*

Duration of Residence in the City of Baltimore,

*26 yrs*

Place of Death, { Give Street and Number. }

*830 Evanson Street*

Cause of Death, { First (Primary),

*Inflammation & Mal*

Second (Immediate), *Pulmonary congestion*

*on hand*

Duration of Last Sickness

All the above information should be furnished by the physician.

Place of Burial, *Public Cem*

Date of Burial, *July 19-1887*

Undertaker, *Geo. King*

*Geo. Russell M. D.*

*Medical Attendant*

Place of Business, *Health Dept*

*Address, 403 Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of

## Board of Health, City of Baltimore.

Permit No. A. 1498 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the correctness of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within forty-eight hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A VITAL STATISTICS CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, July 18<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick Knabe

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 46 Years, 2 Months, 18 Days,

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Barkkeeper

Birthplace, { State or country, and how long in the United States. } - Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give street and Number. } 315 Sharp St.

Cause of Death, { First (Primary). } Congestive Apoplexy.

{ Second (Immediate). } from excessive heat

Duration of Last Sickness, About one hour

All the above information should be furnished by the Physician.

Place of Burial, Loudon St. Cemetery.

Date of Burial, July 20<sup>th</sup>

{ Undertaker } J. W. Troll

{ Place of Business } #421 Hanover St. Address, 214 Sharp St.

Chas. F. Heuser M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

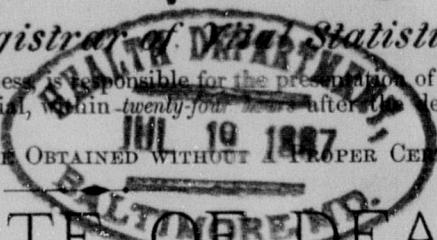
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1499 Office of Registrar of Vital Statistics. Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, July 18 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles A. King

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 0 Years, 11 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 583 Baker St

Cause of Death, { First (Primary), Second (Immediate), } Inflammation of bowels  
Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 19

{ Undertaker, Andrew Rohde

{ Place of Business, 730 Penna Av

Chas E. Sadler M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]